PTO/SB/80 (11-04)
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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under					
37 CFR 3.73(b). I hereby appoint:					
				 -	
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┌ OR					
Practitioner(s)	named below (if more than ten patent	practitioners are to be	named, then a custor	mer number must be us	sed):
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as afformula) or agor	4/2\				
will alm all batell app	nt(s) to represent the undersigned befo plications assigned <u>only</u> to the undersi in accordance with 37 CFR 3.73(b).	gree the United States Page according to the U	atent and Trademark JSPTO assignment re	Office (USPTO) in con ecords or assignment of	nection with locuments
Please change the co	rrespondence address for the applicat	tion identified in the attr	iched statement unde	er 37 CFR 3.73(b) to:	
_]	
X The address	s associated with Customer Number:	2473	7	1	
OR]	
Firm or Individual Nam	No.				
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Country					
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Assignee Name and A	.ddress:				
KONINKLIJKE PHILIPS ELECTRONICS N.V.					
Groenewoudseweg 1					
	5621 F	BA Eindhove	n, The Net	herlands	
A copy of this form	n, together with a statement und	der 37 CFR 3.73(b) (Form PTO/SB/96	or equivalent) is re	auired to be
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,					
and must identify t	the application in which this Po	wer of Attorney is t	s autnorized to ac o be filed.	et on behalf of the a	ıssignee,
		TURE of Assignee of F			
The	dividual whose signature and title	is supplied below is au	thorized to act on be	half of the assignee	
Signature	unate. M	in	Da	ate 14 Januar	y 2005
Name Micha			Te	elephone (914)	33-9637
Title Autho	orized Representat	ive			

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

7333 16 MAR 2005

10/527854

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHDE020213 US

As a below named inventor, I h	ereby declare that:				
My residence, post office address and citizenship are as stated next to my name.					
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Converter circuit and control method for same the specification of which (check only one item below):					
is attached hereto.	is attached hereto.				
was filed as United States a	pplication				
Serial No					
on					
and was amended					
on					
■ was filed as PCT international application					
Number	70				
PCT/IB03/0393 on 17.09.2003	79				
and was amended under PCT.	Article 10				
and was amended under PCT.	Article 19				
on			(if applicable).		
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.					
I acknowledge the duty to discl Title 37, Code of Federal Regu		rial to the examination of this applicat	tion in accordance with		
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:					
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:					
COUNTRY	APPLICATION NUMBER	DATE OF FILING	PRIORITY		
		DAY, MONTH, YEAR	CLAIMED UNDER 35 USC 119		
Germany	102 43 885.4	21 September 2002	YES		

	<i>3.</i>					
	Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)				Attorneys Docket Number PHDE020213 US	
	POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)					
	Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32, 266 Edward M. Blocker, Reg. No. 30,245			Direct Telephone Calls to: (name and telephone number) (914)332-0222		
		FULL NAME OF INVENTOR	FAMILY NAME TOLLE	FIRST GIVEN NAME Tobias	0	SECOND GIVEN NAME
	201	RESIDENCE & CITIZENSHIP	CITY Aachen	STATE OR FOREIGN COUNT	rry C	COUNTRY OF CITIZENSHIP Germany
		POST OFFICE ADDRESS	POST OFFICE ADDRESS Schillerstrasse 51	52064 Aachen	_	TATE & ZIP CODE/COUNTRY Germany
	160	FULL NAME OF INVENTOR	FAMILY NAME DÜRBAUM	FIRST GIVEN NAME Thomas		ECOND GIVEN NAME
`}	202	RESIDENCE & CITIZENSHIP	Langerwehe	STATE OR FOREIGN COUNTY		COUNTRY OF CITIZENSHIP Germany
		POST OFFICE ADDRESS	POST OFFICE ADDRESS Hirkenweg 10	52379 Langerwehe		STATE & ZIP CODE/COUNTRY Germany
\	0	FULL NAME OF INVENTOR	FAMILY NAME ELFERICH	FIRST GIVEN NAME Reinhold	S	SECOND GIVEN NAME
9	203	RESIDENCE & CITIZENSHIP	Aachen_	STATE OR FOREIGN COUNT		COUNTRY OF CITIZENSHIP Germany
		POST OFFICE ADDRESS	POST OFFICE ADDRESS Am Rosenhügel 26	52072 Aachen	_	STATE & ZIP CODE/COUNTRY Germany
	to be t	rue: and further that	atements made herein of my own know these statements were made with the under section 1001 if Title 18 of the Uni ent issuing thereon.	knowledge that willful false stateme	nts and the like	so made are punishable by fine
	SIGNA	ATURE OF INVENT	or 201 SIGNATURE	OF INVENTOR 202	SIGNATU	SUPERIOR 203 .
DATE 17 10 2003			DATE	10 2003	DATE	5 10 2003

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

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PTO/SB/96 (08-03)
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STATEMENT UNDER 37 CFR 3.73(b)				
Applicant/Patent Owner: Koninklijke Philips Electronics N.V.				
Application No./Patent No.: Concurrently	Filed/Issue Date: Concurrently			
Entitled: CONVERTER CIRCUIT AND CONTROL MET	HOD FOR SAME			
Koninklijke Philips Electronics N.V. (Name of Assignee)	a <u>corporation</u> (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)			
states that it is: 1. ☑ the assignee of the entire right, title, and interest	st; or			
2. an assignee of less than the entire right, title an The extent (by percentage) of its ownership into in the patent application/patent identified above by virtual titles.	erest is%			
A. [] An assignment from the inventor(s) of the pater in the United States Patent and Trademark Offic attached.	nt application/patent identified above. The assignment was recorded se at Reel, Frame, or for which a copy thereof is			
OR				
B. [] A chain of title from the inventor(s), of the paten below:	t application/patent identified above, to the current assignee as shown			
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[] Additional documents in the chain of title	are listed on a supplemental sheet.			
	ment document or a true copy of the original document) ordance with 37 CFR Part 3, if the assignment is to be			
The undersigned (whose title is supplied below) is aut	_			
	Aaron Waxler, Reg. 48,027			
Date (914) 333-9608	Typed or printed name			
Telephone number	Signature			
	Corporate Counsel Title			

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